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SCHEDULE A (FEC Form 3X)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:				PAGE 954 / 1992							
(check only one)											
X	11a		11b		11c		12				
	13		14		15		16		17		

HEMIZED RECEIPTS		Detailed Summary Page	F:	X 11a		111	ьГ	11c	Г	12	
		Detailed Summary Page		13		14		15	┢	16	□ 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements m he name and a	ay not be sold or used by any peaddress of any political committee	erson e to s	for the policit co	purp ntrib	ose	of sons fr	oliciting om suc	coi h c	ntributi ommitt	ons ee.
NAME OF COMMITTEE (In Full)	-										
NATIONAL REPUBLICAN SENATORI	IAL COMMIT	TEE									
Full Name (Last, First, Middle Initial) MRS. MARGARET KOBAN		Date of Receipt									
Mailing Address 915 OLD NORTHFIEL		10 13 vvvvvv 2008									
City	State	Zip Code		Transa	ctic	n ID	o: SA	11.78	734	141	
THOMASTON	CT	06787-1118		Amour	nt of	Eac	ch Re	eceipt th	nis I	Period	
FEC ID number of contributing federal political committee.	c									65.00	
Name of Employer RETIRED	Occupation RETIREI			CONTF	₹IBI	UTI	ON				
Receipt For: 008" Primary General Other (specify) ▼	Aggregati	e Year-to-Date ♥ 265.00]								
Full Name (Last, First, Middle Initial) MR. CHARLES KOCH				Date o	f Re	eceip	pt				
Mailing Address PO BOX 2256				м v м 1 0]′		0 8		_	008	
City	State	Zip Code		Transa							
WICHITA	KS	67201-2256		Amour	it of	Eac	ch Re	ceipt th	nis f	Period	
FEC ID number of contributing federal political committee.	c .							2	285	00.00	ļ
Name of Employer KOCH INDUSTRIES, INC	Occupation CEO	n	_ (CONTF	(IB)	UIR	ON				
Receipt For: 008" Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 28500.00									
Full Name (Last, First, Middle Initial) MR. CLEO KOCH	. I			Date o	f Re	eceir	nt				
Mailing Address 805 S. CHESTNUT ST UNIT 9	TREET				_	D		′ 💟		9 0 8	
City	State	Zip Code		Transa	ctic	n IC	o: S/	111.78	58	191	
TREMONT	IL	61568-8127	_	Amour	nt of	Eac	ch Re	eceipt th	nis I	Period	
FEC ID number of contributing federal political committee.	C								1	00.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation	ATION REQUESTED PER E		CONTF LEFFO			ON				
Receipt For: 008* Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 651.00]								
SUBTOTAL of Receipts This Page (optional)			<u> </u>					. 2	86	65.00	
TOTAL This Period (last page this line number	er only)		- •								